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**ANNOUNCEMENTS**

- ◇ The Quality Assurance Division would like to welcome Charles Onunkwo, MHA, RHIT, our new Health Information Management Assistant Director (position formerly known as the Client Records Director) for Los Angeles County DMH.
- ◇ A standardized Abbreviation List has been finalized for use by Directly-Operated Programs and posted on-line at: [http://dmh.lacounty.gov/wps/portal/dmh/clinical\\_tools/clinical\\_forms](http://dmh.lacounty.gov/wps/portal/dmh/clinical_tools/clinical_forms)  
Directly-Operated staff should only use abbreviations found on this list when documenting in the Clinical Record per Policy 104.08. If staff feel an abbreviation is missing from this list, please contact the QA Division at QA@dmh.lacounty.gov.

**MEDICATION NOTES: MH 657, MH 653, MH 655**  
**TBS SUPPLEMENTAL ASSESSMENT: MH 661**

**Revised Medication Notes**

The Quality Assurance Division, in collaboration with the DMH Regional Medical Directors, has revised the Medication Notes (MH 657, MH 653, and MH 655) in order to account for changes in the CPT procedure codes used for medication services (See QA Bulletin 12-08: Changes to Procedure Codes Effective January 1, 2013 [http://file.lacounty.gov/dmh/cms1\\_187555.pdf](http://file.lacounty.gov/dmh/cms1_187555.pdf)). The revised forms have been placed on-line in PDF format for use by **Directly-Operated Programs**. The NCR version of the revised forms will be placed on-line in PDF format for use by Directly-Operated Programs by December 31, 2012. The NCR version will be submitted for printing and should be available in the DMH Warehouse in February. For **Contract agencies**, the Medication Notes are considered Optional\* type forms.

For Directly-Operated Programs, the QA Division has identified the Evaluation & Management (E&M) Procedure Codes that best fit the content captured on the form. However, staff must still determine which E&M Procedure Code, from the choices provided on the form, best fits the service provided based on the following criteria:

- \* Was the service delivered in the Office or Home? Office may be used for any service not provided in the client's home.
- \* Was the service delivered to a New or Established client? New may ONLY be used for client's who have not been seen at the Billing Provider/Reporting Unit by an MD/DO/NP within the past three years. Client's are ONLY considered new for one visit.
- \* Was the service a medication refill over the telephone? This may be documented on an MH 655 Brief Medication Note using procedure code H2010.

Note that M0064, which is still listed as a valid procedure code in the Guide to Procedure Codes, will no longer be used by Directly-Operated Programs. It has been replaced by an E&M procedure code that is consistent with the content documented on the MH 655 Brief Medication Note. Contractors may choose to continue using M0064 if it is felt that it best represents the service provided and documented.

**DO YOU KNOW THE ANSWERS TO THESE QUESTIONS? (DIRECTLY-OPERATED)**

- I. How long must children's clinical records be retained after the child's episode has been closed?

Answers on the next page

CLINICAL RECORDS BULLETIN





**Important Information Regarding the Revised Medication Notes:**

- Prompts have been added to each of the forms in order to ensure all required components of the E&M Procedure Codes are documented on the Medication Notes including:
  - \* Clinical Impression (MH 657 page 3, MH 653 page 2)
  - \* Counseling Provided (MH 657 page 3, MH 653 page 2)
  - \* Chief Complaint/Presenting Problem (MH 653 page 1, MH 655 page 1)
  - \* Family and Social prompts under History (MH 653 page 1)

**Implementation for Directly-Operated:**

The revised Medication Notes should be used for all dates of service occurring on or after January 1, 2013. If Directly-Operated Programs use the NCR version of the Medication Notes, the forms are not yet available in the DMH Warehouse. However, staff may use an NCR version of the Medication Notes on-line in PDF Fillable Format.

**Implementation for Contract Agencies:**

The Medication Notes are Optional\* type forms for Contractors so there is no implementation guidelines.

**MH 661- TBS Supplemental Assessment**

The Quality Assurance Division in conjunction with TBS Providers has revised the MH 661-TBS Supplemental Assessment form. The revised form has been placed on-line in PDF format for use by **Directly-Operated programs and Contract agencies**. **Contract agencies** must use the form as it is considered a Required\* type form.

**Important Information Regarding the Revised TBS Supplemental Assessment Form:**

- Added prompts for other documents reviewed such as MAT, Juvenile Justice, DCFS, etc;
- Updated the TBS Class Eligibility criteria and renamed the “Criteria for TBS Eligibility” to “TBS Clinical Criteria”;
- Added prompts under each section of the TBS Assessment Information (page 2) to provide greater clarity on areas of information to gather;
- Provided instructions on the form (double click on the yellow key on the top of the form to access the instructions).

**Implementation for Directly-Operated:**

The revised form should be used immediately.

**Implementation for Contract Agencies:**

The revised form should be implemented within 6 months of the date of this Bulletin.

The Clinical Forms Inventory has been updated and placed on-line ([http://file.lacounty.gov/dmh/cms1\\_159886.pdf](http://file.lacounty.gov/dmh/cms1_159886.pdf)) in accord with the information in this Bulletin. If you have any questions regarding this Bulletin, please contact your Service Area QA Liaison.

\* See the Clinical Forms Inventory, Clinical Records Bulletin Edition 2011-03 and DMH Policy 104.08 for the definition of these types of forms.

c: Executive Leadership Team  
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Judith Weigand- Compliance  
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**I KNOW THE ANSWERS TO THOSE QUESTIONS!**

1. The Clinical Records Guidelines has been updated to reflect new policy that requires children’s clinical records to be retained up until their twenty-fifth (25th) birthday. The Quality Assurance Division is in the process of updating the Clinical Records Retention Policy. At this time, Directly-Operated Programs should consider this policy and retain clinical records until the child’s 25th birthday.